osh pd

Office of Statewide Health
Planning & Development

Healthcare Information Resource Center

Public File
DOCUMENTATION

The State Utilization Data File of Hospitals

**Calendar Year
2005**

State Utilization Data File of Hospitals
2005

TABLE OF CONTENTS

State Utilization Data File of Hospitals
2005

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Hospitals. The data comes from the individual ALIRTS-based *Annual Utilization Report of Hospitals* that are filed by California's licensed hospital campuses, for the previous calendar year. The data are "as reported" by each facility after complying with input quality control edits. The hospital utilization data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to the OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (Visit the OSHPD website regarding LFIS: http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx A login is not required for general use). OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

Online Reporting System: ALIRTS

Facilities submit their annual utilization data to OSHPD through the secure web-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS input quality criteria, the data are accepted and immediately become available to the public via the Internet (http://alirts.oshpd.state.ca.us). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility. The reporting deadline is February 15 of each year.

Statewide Data Availability: State Utilization Data File of Hospitals

Initial Data Extract. OSHPD customarily creates this preliminary data extract and summary from facilities whose report successfully passed the automated edits. While these Reports satisfied the initial automated review requirements, users should be aware that these submitted individual reports and accordingly, statewide utilization amounts, are preliminary. The initial data extract was generated in May 2006. It is posted on the OSHPD webpage for the public to access, view, and download.

Final Audited Data Extract. A more rigorous review of submitted report data is conducted during the summer months. OSHPD staff identify potential errors and year-to-year inconsistencies in flagged facility Reports. Facility report preparers and administrators are contacted and asked to confirm or revise reported data as needed. The final data extract is the data product that results from the desk-audit stage and is available early in the Fall. Once the final audited data extract is released and posted on the webpage, the initial preliminary extract is removed.

Data File Format

New and long-time users of the public data file will notice some small changes that were recently incorporated for ease of use. For example, rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in four of the five worksheets. In the data

worksheets, each row (line) displays all the data from one facility, while each column displays the values for one data field (sequentially, by row and column, from the report form).

Excel was selected because it is the analytical software used by most hospital utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

More on the Use of the MS-Excel Worksheets

There are five worksheets in the State Utilization Data File of Hospitals. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

	A	B	C	D	E	F	G
440	106451019	SHASTA COUNTY P H F	2640 BRESLAUER WAY		REDDING	96001	530-225-5200 Tin
441	106454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	2801 EUREKA WAY		REDDING	96001	530-246-9000 Ch
442	106454013	PATIENTS HOSPITAL OF REDDING	2900 EUREKA WAY		REDDING	96001	530-225-8700 LO
443	106461024	EASTERN PLUMAS HOSPITAL-LOYALTON CAMPUS	700 THIRD STREET		LOYALTON	96118	530-832-6578 Jay
444	106470871	MERCY MEDICAL CENTER MT. SHASTA	914 PINE STREET, BOX 239		MOUNT SHASTA	96067	530-926-6111 Ch
445	106474007	FAIRCHILD MEDICAL CENTER	444 BRUCE STREET		YREKA	96097	530-842-4121- Dw
446	106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	975 SERENO DRIVE		VALLEJO	94590	707-651-1000 Sar
447	106481015	CALIFORNIA SPECIALTY HOSPITAL	525 OREGON STREET		VALLEJO	94590	707-648-2200 Ba
448	106481094	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DRIVE		VALLEJO	94590	707-554-4444 Be
449	106481357	NORTH BAY MEDICAL CENTER	1200 B. GALE WILSON BLVD.		FAIRFIELD	94533	707-429-3600 De
450	106484001	NORTH BAY VACAVALLEY HOSPITAL	1000 NUT TREE ROAD		VACAVILLE	95687	707-446-4000 De
451	106484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	2101 COURAGE DRIVE		FAIRFIELD	94533	707-435-2130- De
452	106490907	SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	151 SOTOYOME STREET		SANTA ROSA	95405	707-522-1551 Da

Tips \ **Sections 1-4** / Sections 5-6 / NonResp1-4 / NonResp5-6 /

Figure 1

Description of the Worksheets in the Data File

> **Tips**: This worksheet provides suggestions for more effectively using the data file and general notes pertinent to the facilities reporting data.
>
> **Sections 1–4 worksheet**
> This worksheet reflects the first four sections of the *Annual Utilization Report of Hospitals* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, **"NonRespon1-4"** that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.
>
> - **Section 1** includes basic facility descriptors, e.g., name and address.
> - **Section 2** includes license type and licensee (owner of license) description.
> - **Section 3** provides patient census and utilization.
> - **Section 4** provides patient demographics.

Section 5 Worksheet
This worksheet reflects the last section of the *Annual Utilization Report of Hospitals* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, **"NonRespon5"** that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 5** provides data on Major Equipment and Capital Expenditures.

The worksheets' default (original) sequence order: The first two columns of the worksheets display the facility's name and OSHPD_ID number. The worksheet lists the facilities in numeric order by OSHPD_ID number (Column A). (Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order).

Significant Data Field Changes in the State Utilization Data File
For 2005, there were no major data field changes. There is one note for clarification:

- New fields for displaying **future data items** are included in this dataset. Some of these fields remain unpopulated for 2005 but are slated to be filled in future datasets. Users should note that these items are not data reported by the facility itself or provided by the Licensing and Certification Division of DHS. These fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

Header rows provide names for each data field (column). Three alternative header rows are included for the data worksheet (see Figure 2 sample below, copied from a related data file). The first row is the English abbreviation of the data field. The second is the section, line and column reference that can be sorted. The third header row refers to the section, line and column on the Annual Utilization Report and is a more "visual" format. These are simply alternatives for your use. You have the option to use the one (or ones) you like and can delete the others.

	A	B	C
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_ONE
2	≤lc010201	≤lc010101	≤lc010301
3			
4	1.2.1	1.1.1	1.3.1
5	106010735	ALAMEDA HOSPITAL	2070 CLINTON
6	106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	2450 ASHBY STREET
7	106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	747 52ND STREET

Figure 2

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here. For those who prefer English names, the first alternative header row displays English abbreviations.

The **Section+Line+Column** format (row 2) is the next alternative header style. It contains alpha characters and does not include periods. Each field name in this set begins with the letters "slc", followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, "Was this facility in operation at any time during year?" (**Section** 1, **Line** 9, **Column** 1), would be field name "slc010901."

If the data in the LTC utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow "periods." The alternative field names in the two first rows both meet these naming conventions.

The traditional header approach has been to provide field names that display the report form coordinates. The row directly above the data rows (in both data worksheets) is such a header row. Most field titles in this row (including <u>all</u> <u>facility</u> <u>reported</u> data fields), display their respective <u>report form coordinates</u> from the ALIRTS *Annual Utilization Report of Hospitals* report form*.* The field names display the **Section+Line+Column** numbers, delimited by "dots" (periods). Thus, using the prior example "Was this facility in operation at any time during year?" is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the "Sections 1 - 5" worksheet and is displayed as "1.9.1". This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

	2005 Hospital Documentation - Sections 1 through 4			
		Header Style Using the Report Form	Header Style Using	
		Section+Line+Column Coordinates	Abbreviated Terms in English	
	Short Version with	Long Version		
Worksheet	Periods and	Without Periods	English	
Column	Without Alpha	and With Alpha	Abbreviation	Description
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number is a nine-digit number: State hospital IDs begin with "706"; the prefix for all other hospital IDs is "106." The 4th and 5th digits denote the hospital's county, while the last 4 digits are unique within each county.
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City, location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zip code, of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURRYR	Facility in operation at any time during report period?
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two (used when address is too long to fit in Address_one).
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation zip code
R	1.17.1	slc011701	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STATUS	LIC_STATUS	LIC_STATUS	Licensed facility is noted as, 1) Open, 2)Closed, or 3)Suspense. This is according to California Department of Health Services (DHS). See latest lic. Info at OSHPD ALIRTS website http://alirts.oshpd.ca.gov
T	LIC_STATUS_DATE	LIC_STATUS_DATE	LIC_STATUS_DATE	Date of status of facility's license, according to DHS. (See LIC_STATUS above.)
U	LIC_ORIG_DATE	LIC_ORIG_DATE	LIC_ORIG_DATE	Date that the facility was originally licensed.
V	REPORT_STATUS	REPORT_STATUS	REPORT_STATUS	Responder facilities and non-responding facilities who failed to file report at Extract time
W	TRAUMA_CTR	TRAUMA_CTR	TRAUMA_CTR	Facility has trauma center capability. Contact OSHPD for lic. Information.
X	TEACH_HOSP	TEACH_HOSP	TEACH_HOSP	Facility is considered a teaching hospital.
Y	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number (future field)
Z	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number (future field)
AA	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS Number
AB	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
AC	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AD	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist
AE	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AF	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area
AG	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LA County Service Planning Area is a planning area for Los Angeles County (future field)
AH	HEALTH_SVC_AREA	HEALTH_SVC_AREA	HEALTH_SVC_AREA	Health Service Area is a planning area
AI	COUNTY	COUNTY	COUNTY	County
AJ	LICENSE_NUM	LICENSE_NUM	LIC_NUMBER	Most acute facilities in Calif. are licensed by the Calif. Dept. of Health Services. License numbers beginning with MH are issued by the Dept. of Mental Health for Psychiatric Health Facilities (PHFs). Sort by this field to group all hospital locations on a license, i.e., the "parent" location plus those formerly, separately licensed acute locations currently on that "parent" hospital's license.
AK	FAC_LEVEL	FAC_LEVEL	FAC_LEVEL	Facility (Location) Level on license: Parent Facility = either the parent location of a Consolidated License or a single Hospital; Consolidated Facility = a satellite location on consolidated license.

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
AL	2.1.1	slc020101	TYPE_LIC	There are four (4) License Category types: --Acute Psychiatric --Chemical Dependency Recovery Hospital --General Acute Care --Psychiatric Health Facility
AM	2.5.1	slc020501	TYPE_CNTRL	There are nine (9) Types of Control (License Ownership a.k.a. Licensee): --Investor - Individual --Investor - Partnership --Investor - Limited Liability Company --Investor - Corporation --Nonprofit Corporation (includes church-related) --State --City and/or County --District --University of California
AN	2.25.1	slc022501	TYPE_SVC_PRINCIPAL	Facility self-reports the Principal Type of Service (out of 9 possible) that best describes service provided to most patients: --General Medical/Surgical --Long-term Care (SN/IC) --Psychiatric --Chemical Dependency (alcohol/drug) --Pediatric --Physical Rehabilitation --Orthopedic or Pediatric Orthopedics --Developmentally Disabled --Other
AO	3.1.1	slc030101	MED_SURG_BED_LIC	Licensed Beds - Medical-Surgical
AP	3.1.2	slc030102	MED_SURG_LICBED_DAY	Licensed Bed Days - Medical-Surgical
AQ	3.1.3	slc030103	MED_SURG_DIS	Discharges - Medical-Surgical
AR	3.1.5	slc030105	MED_SURG_CENS_DAY	Patient (Census) Days - Medical-Surgical Census
AS	3.2.1	slc030201	PERINATL_BED_LIC	Licensed Beds - Perinatal
AT	3.2.2	slc030202	PERINATL_LICBED_DAY	Licensed Bed Days - Perinatal
AU	3.2.3	slc030203	PERINATL_DIS	Discharges - Perinatal
AV	3.2.5	slc030205	PERINATL_CENS_DAY	Patient (Census) Days - Perinatal
AW	3.3.1	slc030301	PED_BED_LIC	Licensed Beds - Pediatric
AX	3.3.2	slc030302	PED_LICBED_DAY	Licensed Bed Days - Pediatric
AY	3.3.3	slc030303	PED_DIS	Discharges - Pediatric
AZ	3.3.5	slc030305	PED_CENS_DAY	Patient (Census) Days - Pediatric
BA	3.4.1	slc030401	ICU_BED_LIC	Licensed Beds - Intensive Care Unit
BB	3.4.2	slc030402	ICU_LICBED_DAY	Licensed Bed Days - Intensive Care Unit
BC	3.4.3	slc030403	ICU_DIS	Discharges - Intensive Care Unit
BD	3.4.4	slc030404	ICU_TFR_INHOSP	Intrahospital transfers from ICU
BE	3.4.5	slc030405	ICU_CENS_DAY	Patient (Census) Days - Intensive Care Unit
BF	3.5.1	slc030501	CCU_BED_LIC	Licensed Beds - Coronary Care Unit
BG	3.5.2	slc030502	CCU_LICBED_DAY	Licensed Bed Days - Coronary Care Unit
BH	3.5.3	slc030503	CCU_DIS	Discharges - Coronary Care Unit
BI	3.5.4	slc030504	CCU_TFR_INHOSP	Intrahospital transfers from Coronary Care Unit
BJ	3.5.5	slc030505	CCU_CENS_DAY	Patient (Census) Days - Coronary Care Unit
BK	3.6.1	slc030601	RESP_BED_LIC	Licensed Beds - Respiratory (Intensive) Care Unit
BL	3.6.2	slc030602	RESP_LICBED_DAY	Licensed Bed Days - Respiratory (Intensive) Care Unit
BM	3.6.3	slc030603	RESP_DIS	Discharges - Respiratory (Intensive) Care Unit

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
BN	3.6.4	slc030604	RESP_TFR_INHOSP	Intrahospital transfers from Respiratory (Intensive) Care Unit
BO	3.6.5	slc030605	RESP_CENS_DAY	Patient (Census) Days - Respiratory (Intensive) Care Unit
BP	3.7.1	slc030701	BURN_BED_LIC	Licensed Beds - Burn Center
BQ	3.7.2	slc030702	BURN_LICBED_DAY	Licensed Bed Days - Burn Center
BR	3.7.3	slc030703	BURN_DIS	Discharges - Burn Center
BS	3.7.4	slc030704	BURN_TFR_INHOSP	Intrahospital transfers from Burn Center
BT	3.7.5	slc030705	BURN_CENS_DAY	Patient (Census) Days - Burn Center
BU	3.8.1	slc030801	NICU_BED_LIC	Licensed Beds - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BV	3.8.2	slc030802	NICU_LICBED_DAY	Licensed Bed Days - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BW	3.8.3	slc030803	NICU_DIS	Discharges - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BX	3.8.4	slc030804	NICU_TFR_INHOSP	Intrahospital Transfers from Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BY	3.8.5	slc030805	NICU_CENS_DAY	Patient (Census) Days - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BZ	3.9.1	slc030901	REHAB_BED_LIC	Licensed Beds - Rehabilitation Center
CA	3.9.2	slc030902	REHAB_LICBED_DAY	Licensed Bed Days - Rehabilitation Center
CB	3.9.3	slc030903	REHAB_DIS	Discharges - Rehabilitation Center
CC	3.9.5	slc030905	REHAB_CENS_DAY	Patient (Census) Days - Rehabilitation Center
CD	3.15.1	slc031501	GAC_BED_LIC_SUBTOTL	Licensed Beds - General Acute Care SUBTOTAL
CE	3.15.2	slc031502	GAC_LICBED_DAY_SUBTOTL	Licensed Bed Days - General Acute Care SUBTOTAL
CF	3.15.3	slc031503	GAC_DIS_SUBTOTL	Discharges - General Acute Care SUBTOTAL
CG	3.15.5	slc031505	GAC_CENS_DAY_SUBTOTL	Patient (Census) Days - General Acute Care SUBTOTAL
CH	3.16.1	slc031601	CHEM_BED_LIC	Licensed beds - Chemical Depend. Recovery Hospital
CI	3.16.2	slc031602	CHEM_LICBED_DAY	Licensed Bed Days - Chemical Depend. Recovery Hospital
CJ	3.16.3	slc031603	CHEM_DIS	Discharges - Chemical Depend. Recovery Hospital
CK	3.16.5	slc031605	CHEM_CENS_DAY	Patient (Census) Days - Chemical Depend. Recovery Hospital
CL	3.17.1	slc031701	PSY_BED_LIC	Licensed Beds - Acute Psychiatric
CM	3.17.2	slc031702	PSY_LICBED_DAY	Licensed Bed Days - Acute Psychiatric
CN	3.17.3	slc031703	PSY_DIS	Discharges - Acute Psychiatric
CO	3.17.5	slc031705	PSY_CENS_DAY	Patient (Census) Days - Acute Psychiatric
CP	3.18.1	slc031801	SN_BED_LIC	Licensed Beds - Skilled Nursing
CQ	3.18.2	slc031802	SN_LICBED_DAY	Licensed Bed Days - Skilled Nursing
CR	3.18.3	slc031803	SN_DIS	Discharges - Skilled Nursing
CS	3.18.5	slc031805	SN_CENS_DAY	Patient (Census) Days - Skilled Nursing
CT	3.19.1	slc031901	IC_BED_LIC	Licensed Beds - Intermediate Care
CU	3.19.2	slc031902	IC_LICBED_DAY	Licensed Bed Days - Intermediate Care
CV	3.19.3	slc031903	IC_DIS	Discharges - Intermediate Care
CW	3.19.5	slc031905	IC_CENS_DAY	Patient (Census) Days - Intermediate Care
CX	3.20.1	slc032001	IC_DEV_DISBL_BED_LIC	Licensed Beds - Intermediate Care/Develop. Disabled
CY	3.20.2	slc032002	IC_DEV_DISBL_LICBED_DAY	Licensed Bed Days - Intermediate Care/Develop. Disabled
CZ	3.20.3	slc032003	IC_DEV_DISBL_DIS	Discharges - Intermediate Care/Develop. Disabled
DA	3.20.5	slc032005	IC_DEV_DISBL_CENS_DAY	Patient (Census) Days - Intermediate Care/Develop. Disabled
DB	3.25.1	slc032501	HOSP_TOTAL_BED_LIC	Licensed beds - HOSPITAL TOTAL
DC	3.25.2	slc032502	HOSP_TOTAL_LICBED_DAY	Licensed Bed Days - HOSPITAL TOTAL
DD	3.25.3	slc032503	HOSP_TOTAL_DIS	Discharges - HOSPITAL TOTAL
DE	3.25.5	slc032505	HOSP_TOTAL_CENS_DAY	Patient (Census) Days - HOSPITAL TOTAL
DF	3.30.1	slc033001	CHEM_GAC_BED_LIC	Approved Beds - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
DG	3.30.3	slc033003	CHEM_GAC_DIS	Discharges - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)
DH	3.30.5	slc033005	CHEM_GAC_CENS_DAY	Patient (Census) Days - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)
DI	3.31.1	slc033101	CHEM_PSY_BED_LIC	Approved Beds - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DJ	3.31.3	slc033103	CHEM_PSY_DIS	Discharges - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DK	3.31.5	slc033105	CHEM_PSY_CENS_DAY	Patient (Census) Days - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DL	3.35.1	slc033501	NEWBORN_NURSRY_BASSINETS	Bassinets - (Normal) Newborn Nursery
DM	3.35.3	slc033503	NEWBORN_NURSRY_DIS	Discharges - (Normal) Newborn Nursery
DN	3.35.5	slc033505	NEWBORN_NURSRY_CENS_DAY	Patient (Census) Days - (Normal) Newborn Nursery
DO	3.40.1	slc034001	BED_SWING_SN	Lic. GAC Beds approved as Swing in skilled nursing care
DP	3.43.1	slc034301	PSY_LCK_CENS_PATIENT	Acute Psych patients, census, Locked
DQ	3.44.1	slc034401	PSY_OPN_CENS_PATIENT	Acute Psych patients, census, Open
DR	3.45.1	slc034501	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
DS	3.46.1	slc034601	PSY_CENS_PATIENT_<=17	Acute Psych patients, census, 17 Years Old and Under
DT	3.47.1	slc034701	PSY_CENS_PATIENT_18-64	Acute Psych patients, census, 18 - 64 Years
DU	3.49.1	slc034901	PSY_CENS_PATIENT_=65	Acute Psych patients, census, 65 Years and Older
DV	3.50.1	slc035001	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
DW	3.51.1	slc035101	PSY_CENS_PATIENT_MCAR	Acute Psych patients, census, Traditional Medicare
DX	3.52.1	slc035201	PSY_CENS_PATIENT_MNG_MCAR	Acute Psych patients, census, Managed Care Medicare
DY	3.53.1	slc035301	PSY_CENS_PATIENT_MCAL	Acute Psych patients, census, Traditional Medi-Cal
DZ	3.54.1	slc035401	PSY_CENS_PATIENT_MNG_MCAL	Acute Psych patients, census, Managed Care Medi-Cal
EA	3.55.1	slc035501	PSY_CENS_PATIENT_CO_INDIG	Acute Psych patients, census, County Indigent Programs
EB	3.56.1	slc035601	PSY_CENS_PATIENT_OTHR_THIRDPTY	Acute Psych patients, census, Traditional Other Third Parties
EC	3.57.1	slc035701	PSY_CENS_PATIENT_MNG_OTHR_THIRDPTY	Acute Psych patients, census, Managed Care Other Third Parties
ED	3.58.1	slc035801	PSY_CENS_PATIENT_SHDOYL	Acute Psych patients, census, Short Doyle (includes Short-Doyle Medi-Cal)
EE	3.59.1	slc035901	PSY_CENS_PATIENT_OTHR_INDIG	Acute Psych patients, census, Other Indigent
EF	3.64.1	slc036401	PSY_CENS_PATIENT_OTHR_PAYER	Acute Psych patients, census, Other Payers
EG	3.65.1	slc036501	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
EH	3.70.1	slc037001	PSY_PROG_SHDOYL	Acute Psych Program Under Short-Doyle contract (Yes or No)
EI	3.71.1	slc037101	HOSPICE_PROG	Provided Hospice program during report period (Yes or No)
EJ	3.72.1	slc037201	HOSPICE_CLASS_GAC_BED	Bed classification General Acute used for hospice
EK	3.73.1	slc037301	HOSPICE_CLASS_SN_BED	Bed classification Skilled Nursing used for hospice
EL	3.74.1	slc037401	HOSPICE_CLASS_IC_BED	Bed classification Intermediate Care used for hospice
EM	4.1.1	slc040101	EMSA_TRAUMA_CTR_DESIG	Trauma Center designation by EMSA (Calif. Emergency Medical Services Authority): http://www.emsa.cahwnet.gov/emsdivision/trmapage.asp
EN	4.1.2	slc040102	EMSA_TRAUMA_PEDS_CTR_DESIG	Pediatric Trauma Center designation by the EMSA
EO	4.2.1	slc040201	ED_LIC_LEVL_BEGIN	Emergency Dept. Level (Licensed as Emergency Medical
EP	4.2.2	slc040202	ED_LIC_LEVL_END	Service by DHS) - On January 1st and December 31.
EQ	4.11.1	slc041101	ED_ANESTH_AVAIL24HRS	Emerg Dept Anesthesiologist available 24 hours a day
ER	4.11.2	slc041102	ED_ANESTH_AVAIL_ON_CALL	Emerg Dept Anesthesiologist available on call
ES	4.12.1	slc041201	ED_LAB_SVCS_AVAIL24HRS	Emerg Dept Laboratory Services available 24 hours a day
ET	4.12.2	slc041202	ED_LAB_SVCS_AVAIL_ON_CALL	Emerg Dept Laboratory Services available 24 hours a day on call
EU	4.13.1	slc041301	ED_OP_RM_AVAIL24HRS	Emerg Dept Operating Room available 24 hours a day 24 hours a day
EV	4.13.2	slc041302	ED_OP_RM_AVAIL_ON_CALL	Emerg Dept Operating Room available 24 hours a day on call
EW	4.14.1	slc041401	ED_PHARM_AVAIL24HRS	Emerg Dept Pharmacist available 24 hours a day 24 hours a day
EX	4.14.2	slc041402	ED_PHARM_AVAIL_ON_CALL	Emerg Dept Pharmacist available 24 hours a day on call
EY	4.15.1	slc041501	ED_PHYSN_AVAIL24HRS	Emerg Dept Physician available 24 hours a day 24 hours a day
EZ	4.15.2	slc041502	ED_PHYSN_AVAIL_ON_CALL	Emerg Dept Physician available 24 hours a day on call

	2005 Hospital Documentation - Sections 1 through 4			
		Header Style Using the Report Form	Header Style Using	
		Section+Line+Column Coordinates	Abbreviated Terms in English	
	Short Version with	Long Version		
Worksheet	Periods and	Without Periods	English	
Column	Without Alpha	and With Alpha	Abbreviation	Description
FA	4.16.1	slc041601	ED_PSYCH_ER_AVAIL24HRS	Emerg Dept Psychiatric ER available 24 hours a day 24 hours a day
FB	4.16.2	slc041602	ED_PSYCH_ER_AVAIL_ON_CALL	Emerg Dept Psychiatric ER available 24 hours a day on call
FC	4.17.1	slc041701	ED_RADIOL_SVCS_AVAIL24HRS	Emerg Dept Radiology Services available 24 hours a day
FD	4.17.2	slc041702	ED_RADIOL_SVCS_AVAIL_ON_CALL	Emerg Dept Radiology Services available on call
FE	4.21.1	slc042101	EMS_MINOR_CPT_99281_TOTL_VIS	Emerg Dept Svcs, Nonurgent (CPT 99281) Visits TOTAL
FF	4.21.2	slc042102	EMS_MINOR_CPT_99281_ADM_VIS	Emerg Dept Svcs, Nonurgent (CPT 99281) Visits Result Admitted
FG	4.22.1	slc042201	EMS_LOW/MODERATE_CPT_99282_TOTL_VIS	Emerg Dept Svcs, Urgent (CPT 99282) Visits TOTAL
FH	4.22.2	slc042202	EMS_LOW/MODERATE_CPT_99282_ADM_VIS	Emerg Dept Svcs, Urgent (CPT 99282) Visits Result Admitted
FI	4.23.1	slc042301	EMS_MODERATE_CPT_99283_TOTL_VIS	Emerg Dept Svcs, Moderate (CPT 99283) Visits TOTAL
FJ	4.23.2	slc042302	EMS_MODERATE_CPT_99283_ADM_VIS	Emerg Dept Svcs, Moderate (CPT 99283) Visits Result Admitted
FK	4.24.1	slc042401	EMS_SEVERE_W/O_THREAT_CPT_99284_TOTL_VIS	Emerg Dept Svcs, Severe (CPT 99284) Visits TOTAL
FL	4.24.2	slc042402	EMS_SEVERE_W/O_THREAT_CPT_99284_ADM_VIS	Emerg Dept Svcs, Severe (CPT 99284) Visits Result Admitted
FM	4.25.1	slc042501	EMS_SEVERE_W_THREAT_CPT_99285_TOTL_VIS	Emerg Dept Svcs, Critical (CPT 99285) Visits TOTAL
FN	4.25.2	slc042502	EMS_SEVERE_W_THREAT_CPT_99285_ADM_VIS	Emerg Dept Svcs, Critical (CPT 99285) Visits Result Admitted
FO	4.30.1	slc043001	ED_VIS_TOTL	Emerg Dept Svcs, Visits TOTAL
FP	4.30.2	slc043002	ED_ADM_VIS_TOTL	Emerg Dept Svcs, Visits Result Admitted TOTAL
FQ	4.35.1	slc043501	ED_STATION	Emerg Dept Svcs, Patient Treatment Stations
FR	4.40.1	slc044001	ED_NON_EMERG_VIS	Emerg Dept Svcs, non-emergency visits
FS	4.45.1	slc044501	ED_REGISTERS_NO_TREAT	Emerg Dept Svcs, visits with registration but no treatment result
FT	4.50.1	slc045001	ED_CLOSURE_AMB_DIVERS	Emerg Dept closed, ambulances diverted elsewhere
FU	4.51.1	slc045101	ED_CLOSED_JAN_HOURS	Emerg Dept closed number of hours in January
FV	4.52.1	slc045201	ED_CLOSED_FEB_HOURS	Emerg Dept closed number of hours in February
FW	4.53.1	slc045301	ED_CLOSED_MAR_HOURS	Emerg Dept closed number of hours in March
FX	4.54.1	slc045401	ED_CLOSED_APR_HOURS	Emerg Dept closed number of hours in April
FY	4.55.1	slc045501	ED_CLOSED_MAY_HOURS	Emerg Dept closed number of hours in May
FZ	4.56.1	slc045601	ED_CLOSED_JUN_HOURS	Emerg Dept closed number of hours in June
GA	4.57.1	slc045701	ED_CLOSED_JUL_HOURS	Emerg Dept closed number of hours in July
GB	4.58.1	slc045801	ED_CLOSED_AUG_HOURS	Emerg Dept closed number of hours in August
GC	4.59.1	slc045901	ED_CLOSED_SEP_HOURS	Emerg Dept closed number of hours in September
GD	4.60.1	slc046001	ED_CLOSED_OCT_HOURS	Emerg Dept closed number of hours in October
GE	4.61.1	slc046101	ED_CLOSED_NOV_HOURS	Emerg Dept closed number of hours in November
GF	4.62.1	slc046201	ED_CLOSED_DEC_HOURS	Emerg Dept closed number of hours in December
GG	4.65.1	slc046501	ED_CLOSED_TOTL_HOURS	Emerg Dept closed number of hours in calendar year, TOTAL

		2005 Hospital Documentation - Sections 5 - 6		
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	**Periods and**	**Without Periods**	**English**	
Column	**Without Alpha**	**and With Alpha**	**Abbreviation**	**Description**
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number is a nine-digit number: State hospital IDs begin with "706"; the prefix for all other hospital IDs is "106." The 4th and 5th digits denote the hospital's county, while the last 4 digits are unique within each county.
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	5.1.1	slc050101	SURG_IP	Surgical Operations, Inpatient
D	5.1.2	slc050102	OP_RM_MIN_IP	Operating Room (Anesthesia) Minutes-Inpatient
E	5.2.1	slc050201	SURG_OP	Surgical Operations, Outpatient
F	5.2.2	slc050202	OP_RM_MIN_OP	Operating Room (Anesthesia) Minutes-Outpatient
G	5.7.1	slc050701	OP_RM_IP_ONLY	Operating Rooms for inpatient only
H	5.8.1	slc050801	OP_RM_OP_ONLY	Operating Rooms, for outpatient only
I	5.9.1	slc050901	OP_RM_IP_AND_OP	Operating Rooms, Inpatient and Outpatient Surgery
J	5.10.1	slc051001	OP_RM_TOTL	Operating Rooms, TOTAL
K	5.15.1	slc051501	AMB_SURG_PROG	Ambulatory Surgical Program (Yes or No. If blank, may not be in operation or is a nonresponder fac.)
L	5.20.1	slc052001	BIRTHS_LIVE_TOTL	Live Births, (multiple births counted separately) TOTAL
M	5.21.1	slc052101	BIRTHS_LIVE_<5LBS_8OZ	Live Births, with Weight under 2500 grams (5Lbs. 8 ounces)
N	5.22.1	slc052201	BIRTHS_LIVE_<3LBS_5OZ	Live Births, with Weight under 1500 grams (3Lbs. 5 ounces)
O	5.31.1	slc053101	ABC_PROG	Alternate Birthing Center Program, approved (Yes or No)
P	5.32.1	slc053201	ABC_LDR	Alternate Birthing Center approved as LDR
Q	5.33.1	slc053301	ABC_LDRP	Alternate Birthing Center approved as LDRP
R	5.36.1	slc053601	BIRTHS_LIVE_ABC	Live Births Occurring in Alternative Birth Setting
S	5.37.1	slc053701	BIRTHS_LIVE_C_SEC	Live Births Caesarean Section Delivery
T	5.41.1	slc054101	LICENSURE_CVSURG_SVCS	Cardio-vascular surgery: Licensed; Cardiac Cath. only; or Not licensed. If blank, may not be in operation or is a nonresponder fac.)
U	5.42.1	slc054201	CVSURG_LIC_OP_RM	Operating Rooms licensed for cardio-vascular surgery
V	5.43.1	slc054301	CVSURG_WITH_ECBPASS_PED	Cardio-vascular Surgeries, With Extracorporeal Bypass, Pediatric
W	5.43.2	slc054302	CVSURG_WITHOUT_ECBPASS_PED	Cardio-vascular Surgeries, Without Extracorporeal Bypass, Pediatric
X	5.44.1	slc054401	CVSURG_WITH_ECBPASS_ADLT	Cardio-vascular Surgeries, With Extracorporeal Bypass, Adult
Y	5.44.2	slc054402	CVSURG_WITHOUT_ECBPASS_ADLT	Cardio-vascular Surgeries, Without Extracorporeal Bypass, Adult
Z	5.45.1	slc054501	CVSURG_WITH_ECBPASS_TOTL	Cardio-vascular Surgeries, With Extracorporeal Bypass, TOTAL
AA	5.45.2	slc054502	CVSURG_WITHOUT_ECBPASS_TOTL	Cardio-vascular Surgeries, Without Extracorporeal Bypass, TOTAL
AB	5.50.1	slc055001	CVSURG_CABG_TOTL	Cardio-vascular Surgeries, Coronary Artery Bypass Graft (CABG), TOTAL
AC	5.55.1	slc055501	CATH_CARD_RM	Rooms Equipped for Cardiac Catheterizations
AD	5.56.1	slc055601	CATH_IP_PED_DX_VIS	Catheterizations, Inpatient diagnostic, visits, Pediatric
AE	5.56.2	slc055602	CATH_IP_PED_THER_VIS	Catheterizations, Inpatient therapeutic, visits, Pediatric
AF	5.57.1	slc055701	CATH_OP_PED_DX_VIS	Catheterizations, Outpatient diagnostic, visits, Pediatric
AG	5.57.2	slc055702	CATH_OP_PED_THER_VIS	Catheterizations, Outpatient therapeutic, visits, Pediatric
AH	5.58.1	slc055801	CATH_IP_ADLT_DX_VIS	Catheterizations, Inpatient diagnostic, visits, Adult
AI	5.58.2	slc055802	CATH_IP_ADLT_THER_VIS	Catheterizations, Inpatient therapeutic, visits, Adult
AJ	5.59.1	slc055901	CATH_OP_ADLT_DX_VIS	Catheterizations, Outpatient diagnostic, visits, Adult
AK	5.59.2	slc055902	CATH_OP_ADLT_THER_VIS	Catheterizations, Outpatient therapeutic, visits, Adult
AL	5.60.1	slc056001	CATH_DX_VIS_TOTL	Catheterizations, diagnostic, visits, TOTAL
AM	5.60.2	slc056002	CATH_THER_VIS_TOTL	Catheterizations, therapeutic, visits, TOTAL
AN	5.71.1	slc057101	PACEMKR_PERM_IMPL	Permanent Pacemaker Implantation
AO	5.72.1	slc057201	PTCA_ANGIOPLASTY_WITH_STENT	Percutaneous Transluminal Coronary Angioplasty with Stent
AP	5.73.1	slc057301	PTCA_ANGIOPLASTY_WITHOUT_STENT	Percutaneous Transluminal Coronary Angioplasty without Stent

	2005 Hospital Documentation - Sections 5 - 6			
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	Long Version		
Worksheet	Periods and	Without Periods	English	
Column	Without Alpha	and With Alpha	Abbreviation	Description
AQ	5.74.1	slc057401	ATHERECTOMY_PTCRA_ABLATION	Atherectomy (PTCRA, rotablator, DCA, Laser)
AR	5.75.1	slc057501	THROMBO_AGT	Thrombolytic Agents (intracoronary only)
AS	5.76.1	slc057601	PTBV_BALLOON	Percutaneous Transluminal Balloon Valvuloplasty (PTBV)
AT	5.84.1	slc058401	CATH_OTHR	Catheterizations, (include Radiofrequency Cath. Ablation), All Other
AU	5.85.1	slc058501	CATH_TOTL	Catheterizations, TOTAL
AV	6.1.1	slc060101	EQUIP_ACQ_OVER_500K	Equipment, diagn. or ther. value $500,000 and above
AW	6.2.1	slc060201	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
AX	6.2.2	slc060202	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
AY	6.2.3	slc060203	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
AZ	6.2.4	slc060204	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BA	6.3.1	slc060301	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
BB	6.3.2	slc060302	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
BC	6.3.3	slc060303	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
BD	6.3.4	slc060304	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BE	6.4.1	slc060401	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
BF	6.4.2	slc060402	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
BG	6.4.3	slc060403	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
BH	6.4.4	slc060404	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BI	6.5.1	slc060501	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
BJ	6.5.2	slc060502	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
BK	6.5.3	slc060503	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
BL	6.5.4	slc060504	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BM	6.6.1	slc060601	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
BN	6.6.2	slc060602	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
BO	6.6.3	slc060603	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
BP	6.6.4	slc060604	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BQ	6.7.1	slc060701	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
BR	6.7.2	slc060702	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
BS	6.7.3	slc060703	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date
BT	6.7.4	slc060704	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BU	6.8.1	slc060801	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
BV	6.8.2	slc060802	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
BW	6.8.3	slc060803	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date
BX	6.8.4	slc060804	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BY	6.9.1	slc060901	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description
BZ	6.9.2	slc060902	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, value
CA	6.9.3	slc060903	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
CB	6.9.4	slc060904	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.

	2005 Hospital Documentation - Sections 5 - 6			
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	Long Version		
Worksheet	Periods and	Without Periods	English	
Column	Without Alpha	and With Alpha	Abbreviation	Description
CC	6.10.1	slc061001	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
CD	6.10.2	slc061002	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
CE	6.10.3	slc061003	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
CF	6.10.4	slc061004	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CG	6.11.1	slc061101	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
CH	6.11.2	slc061102	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
CI	6.11.3	slc061103	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
CJ	6.11.4	slc061104	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CK	6.25.1	slc062501	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over $1 million. Yes or No
CL	6.26.1	slc062601	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
CM	6.26.2	slc062602	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
CN	6.26.3	slc062603	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
CO	6.27.1	slc062701	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
CP	6.27.2	slc062702	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
CQ	6.27.3	slc062703	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
CR	6.28.1	slc062801	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
CS	6.28.2	slc062802	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
CT	6.28.3	slc062803	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
CU	6.29.1	slc062901	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
CV	6.29.2	slc062902	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
CW	6.29.3	slc062903	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
CX	6.30.1	slc063001	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description
CY	6.30.2	slc063002	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
CZ	6.30.3	slc063003	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.

State of California   **Office of Statewide Health Planning and Development**

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2005

1. Facility DBA (Doing Business As) Name:	2. OSHPD Facility No.:

3. Street Address:	4. City:	5. Zip Code:

6. Facility Phone No.: ( )	7. Administrator Name:	8. Administrator's E-Mail Address:

9. Was this hospital in operation at any time during the year? Yes ☐ No ☐	Dates of Operation (MMDDYYYY): 10. From: 11. Through:

12. Name of Parent Corporation:

13. Corporate Business Address:	14. City:	15. State	16. Zip Code:

17. Person Completing Report	18. Phone No. ( ) Ext.

19. Fax No. ( )	20. E-mail Address:

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____   _____
 Date   Administrator Signature

                                                                           _____
                                                                            Administrator Name (Please Print)

Completion of the Annual Utilization Report of Hospitals is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15 may result in action against the hospital's license.

Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Room 400   Phone: (916) 323-7685
Sacramento, CA 95814   FAX: (916) 322-1442

Section 2   OSHPD FACILITY ID No. _____

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	General Acute Care	
	Acute Psychiatric	
	Psychiatric Health Facility	
	Chemical Dependency Recovery Hospital	

LICENSEE TYPE OF CONTROL

Line No.		(1)
5	From the list below, select the ONE category that best describes the licensee type of control of your hospital. (There will be a drop down box in ALIRTS - see list of choices below.)	

LICENSEE TYPE OF CONTROL CHOICES

1	City and/or County	6	Investor - Individual
2	District	7	Investor - Partnership
3	Non-profit Corporation (incl. Church-related)	8	Investor - Limited Liability Company
4	University of California	9	Investor - Corporation
5	State		

PRINCIPAL SERVICE TYPE

Line No.		(1)
25	From the list below, select the ONE category that best describes the type of service provided to the majority of your patients. (There will be drop down box in ALIRTS - see list of choices below.)	

PRINCIPAL SERVICE TYPE CHOICES

10	General Medical / Surgical	18	Physical Rehabilitation
12	Long-Term Care (SN / IC)	19	Orthopedic or Pediatric Orthopedic
13	Psychiatric	22	Developmentally Disabled
15	Chemical Dependency (Alcohol / Drug)	23	Other
17	Pediatric		

Section 3

OSHPD FACILITY ID No. _____

INPATIENT BED UTILIZATION - *DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA*

Line No.	Bed Classification and Bed Designation	(1) Licensed Beds as of 12/31	(2) Licensed Bed Days	(3) Hospital Discharges (including deaths)	(4) Intra-hospital Transfers from Critical Care	(5) Patient (Census) Days
	GAC Bed Designations					
1	Medical / Surgical (Include GYN)					
2	Perinatal (exclude Newborn / GYN)					
3	Pediatric					
4	Intensive Care					
5	Coronary Care					
6	Acute Respiratory Care					
7	Burn					
8	Intensive Care Newborn Nursery					
9	Rehabilitation Center					
15	**SUBTOTAL - GAC**					
16	Chemical Dependency Recovery Hospital					
17	Acute Psychiatric					
18	Skilled Nursing					
19	Intermediate Care					
20	Intermediate Care / Developmentally Disabled					
25	**TOTAL (sum of lines 15 thru 20)**					

CHEMICAL DEPENDENCY RECOVERY SERVICES IN LICENSED GAC AND ACUTE PSYCHIATRIC BEDS *

Line No.	Bed Classification	(1) Licensed Beds		(3) Hospital Discharges		(5) Patient (Census) Days
30	GAC - Chemical Dep Recovery Services					
31	Acute Psych - Chemical Dep Recovery Svcs					

* The licensed services data for these CDRS are to be included in lines 1 through 25 above.

NEWBORN NURSERY INFORMATION

Line No.		(1) Nursery Bassinets		(3) Nursery Discharges		(5) Nursery Days
35	Newborn Nursery					

SKILLED NURSING SWING BEDS (Completed by OSHPD.)

Line No.		(1)
40	Number of licensed General Acute Care beds approved for skilled nursing care.	

Section 3 (1)

Section 3 (Con't)   OSHPD FACILITY ID No. _____

COMPLETE LINES 43 THROUGH 70 ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCHIATRIC OR PHF BEDS.
INCLUDE CHEMICAL DEPENDENCY RECOVERY SERVICES PROVIDED IN LICENSED PSYCHIATRIC BEDS.

ACUTE PSYCHIATRIC PATIENTS BY UNIT ON DECEMBER 31

Line No.		(1) Number of Patients
43	Locked	
44	Open	
45	**ACUTE PSYCHIATRIC TOTAL ***	

ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

Line No.		(1) Number of Patients
46	0 - 17 Years	
47	18 - 64 Years	
49	65 Years and Older	
50	**ACUTE PSYCHIATRIC TOTAL ***	

ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31

Line No.		(1) Number of Patients
51	Medicare - Traditional	
52	Medicare - Managed Care	
53	Medi-Cal - Traditional	
54	Medi-Cal - Managed Care	
55	County Indigent Programs	
56	Other Third Parties - Traditional	
57	Other Third Parties - Managed Care	
58	Short-Doyle (includes Short-Doyle Medi-Cal)	
59	Other Indigent	
64	Other Payers	
65	**ACUTE PSYCHIATRIC TOTAL ***	

* ACUTE PSYCHIATRIC TOTAL on lines 45, 50 and 65 must agree.

SHORT DOYLE CONTRACT SERVICES

Line No.		(1)
70	During the reporting period, did you provide any acute psychiatric care under a Short-Doyle contract?	Yes ☐ No ☐

Section 3 (Con't)   OSHPD FACILITY ID No. _____

INPATIENT HOSPICE PROGRAM

Line No.		(1)	
71	Did your hospital offer an inpatient hospice program during the report period?	Yes ☐	No ☐

If 'yes' on line 71, what type of bed classification is used for this service? (Check all that apply.)

Line No.	Bed Classification	(1)
72	General Acute Care	
73	Skilled Nursing (SN)	
74	Intermediate Care (IC)	

ALIRTS-H (07-29-05)

Section 4   OSHPD FACILITY ID No. _____

EMSA TRAUMA CENTER DESIGNATION ON DECEMBER 31 (Completed by OSHPD from EMSA data.)

Line No.	EMSA Trauma Designation	(1) Designation	(2) Pediatric
1	Level I		
	Level II		
	Level III		
	Level IV		

LICENSED EMERGENCY DEPARTMENT LEVEL (Completed by OSHPD.)

Line No.	ED Level	(1) January 1	(2) December 31
2	Standby		
	Basic		
	Comprehensive		

SERVICES AVAILABLE ON PREMISES (Check all that apply.)

Line No.	Services Available	(1) 24 Hour	(2) On-Call
11	Anesthesiologist		
12	Laboratory Services		
13	Operating Room		
14	Pharmacist		
15	Physician		
16	Psychiatric ER		
17	Radiology Services		

EMERGENCY MEDICAL SERVICE VISITS BY TYPE

Line No.	EMS Visit Type*	CPT Codes	(1) Total	(2) Admitted
21	Minor	99281		
22	Low/Moderate	99282		
23	Moderate	99283		
24	Severe, w/o threat	99284		
25	Severe, w threat	99285		
30	**TOTAL EMS VISITS**			

* DO NOT INCLUDE patients who registered but left without being seen, employee physicals and scheduled Clinic-type visits.

Section 4 (1)

Section 4 (Con't)

OSHPD FACILITY ID No. _____

EMERGENCY MEDICAL TREATMENT STATIONS ON DECEMBER 31

Line No.		(1)
35	Enter the number of emergency medical treatment stations.	

Treatment Station - A specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds.

NON-EMERGENCY (CLINIC) VISITS SEEN IN EMERGENCY DEPARTMENT

Line No.		(1)
40	Enter the number of non-emergency (clinic) visits seen in EMS.	

EMERGENCY REGISTRATIONS, BUT PATIENT LEAVES WITHOUT BEING SEEN*

Line No.		(1)
45	Enter the number of EMS registrations that did NOT result in treatment.	

* Include patients who arrived at ED, but did not register and left without being seen (if available).

EMERGENCY DEPARTMENT CLOSURE / AMBULANCE DIVERSION HOURS

Line No.		(1)
50	Did your hospital close its ED at any time during the year, resulting in ambulance diversion? If 'Yes', fill out lines 51 through 65 below.	Yes ☐ No ☐

Number of Hours Emergency Department Was Closed.

Line No.	Month	(1) Hours
51	January	
52	February	
53	March	
54	April	
55	May	
56	June	
57	July	
58	August	
59	September	
60	October	
61	November	
62	December	
65	Total Hours	

Section 4 (2)

Section 5   OSHPD FACILITY ID No. _____

SURGICAL SERVICES

Line No.	Surgical Services	(1) Surgical Operations	(2) Operating Room Minutes
1	Inpatient		
2	Outpatient		

OPERATING ROOMS ON DECEMBER 31

Line No.	Operating Room Type	(1) Number
7	Inpatient only	
8	Outpatient Only	
9	Inpatient and Outpatient	
10	**TOTAL OPERATING ROOMS**	

AMBULATORY SURGICAL PROGRAM

Line No.		(1)
15	Did your hospital have an organized ambulatory surgical program?	Yes ☐ No ☐

LIVE BIRTHS

Line No.		(1) Number
20	Total Live Births (Count multiple births separately)*	
21	Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.)	
22	Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.)	

* TOTAL LIVE BIRTHS on line 20 should approximate the number of Perinatal discharges shown in Section 3,

line 2, column 3. Include LDR or LDRP births and C-Section deliveries.

ALTERNATE BIRTHING CENTER INFORMATION

Line No.		(1)
31	Did your hospital have an approved alternate birthing program?	Yes ☐ No ☐
32	Was your alternate setting approved as LDR?	Yes ☐ No ☐
33	Was your alternate setting approved as LDRP?	Yes ☐ No ☐

OTHER LIVE BIRTH DATA

Line No.		(1) Number
36	How many of the live births reported on line 20 occurred in your alternative setting? Do not include C-Section deliveries.	
37	How many of the live births reported on line 20 were C-Section deliveries?	

Section 5 (1)

Section 5 (con't)   OSHPD FACILITY ID No. _____

LICENSED CARDIOLOGY AND CARDIOVASCULAR SURGERY SERVICES(Completed by OSHPD.)

Line No.		(1) Licensure
41	Cardiovascular Surgery Services (Complete lines 42 to 85, if licensed.)	
	Cardiac Catheterization Only (Complete lines 55 to 85, if licensed.)	
	Not Licensed	

LICENSED CARDIOVASCULAR OPERATING ROOMS

Line No.		(1)
42	Number of operating rooms licensed to perform cardiovascular surgery on December 31.	

CARDIOVASCULAR SURGICAL OPERATIONS

(with and without the HEART/LUNG MACHINE*)

Line No.		(1) Cardio-Pulmonary Bypass USED*	(2) Cardio-Pulmonary Bypass NOT USED
43	Pediatric		
44	Adult		
45	**TOTAL CARDIOVASCULAR SURGICAL OPERATIONS**		

*Also referred to as Extracorporeal Bypass or "on-the-pump" (heart/lung machine).

CORONARY ARTERY BYPASS GRAFT (CABG) SURGERIES*

Line No.		(1)
50	Number of Coronary Artery Bypass Graft (CABG) surgeries performed.	

* Subset of cardiovascular surgeries reported on line 45 above.

CARDIAC CATHETERIZATION LAB ROOMS

Line No.		(1)
55	Number of rooms equipped to perform cardiac catheterizations on December 31.	

CARDIAC CATHETERIZATION VISITS

Line No.		(1) Diagnostic	(2) Therapeutic
56	Pediatric - Inpatient		
57	Pediatric - Outpatient		
58	Adult - Inpatient		
59	Adult - Outpatient		
60	**TOTAL CARDIAC CATHETERIZATION VISITS**		

Section 5 (con't)   OSHPD FACILITY ID No. _____

DISTRIBUTION OF THERAPEUTIC CARDIAC CATHETERIZATION PROCEDURES

Complete this table if Therapeutic Cardiac Catheterization Visits are reported in column 2, line 60.

Line No.		(1) Procedures
71	Permanent Pacemaker Implantation	
72	Percutaneous Transluminal Coronary Angioplasty (PTCA) - WITH Stent	
73	Percutaneous Transluminal Coronary Angioplasty (PTCA) - WITHOUT Stent	
74	Atherectomy (PTCRA - rotablator, DCA, laser, other ablation, etc.)	
75	Thrombolytic Agents (Intracoronary only)	
76	Percutaneous Transluminal Balloon Valvuloplasty (PTBA)	
84	All Other (including Radiofrequency Catheter Ablation)	
85	**TOTAL THERAPEUTIC CARDIAC CATHETERIZATION PROCEDURES**	

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING AS A CARDIAC CATHETERIZATION

Angiography - Non-coronary	Intra-Aortic Balloon Pump
Automatic Implantable Cardiac Defibrillator (AICD)	Percutaneous Transluminal Angioplasty - Non-cardiac
Defibrillation	Pericardiocentesis
Cardioversion	Temporary Pacemaker Insertion

Section 6

OSHPD FACILITY ID No. _____

Section 127285 (3) of the Health and Safety Code requires each hospital to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DURING THE REPORT PERIOD

Line No.		(1)	
1	Did your hospital acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	Yes ☐	No ☐

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MMDDYYYY)	(4) Means of Acquisition (Check one.)			
2				Purchase ☐	Lease ☐	Donation ☐	Other ☐
3				Purchase ☐	Lease ☐	Donation ☐	Other ☐
4				Purchase ☐	Lease ☐	Donation ☐	Other ☐
5				Purchase ☐	Lease ☐	Donation ☐	Other ☐
6				Purchase ☐	Lease ☐	Donation ☐	Other ☐
7				Purchase ☐	Lease ☐	Donation ☐	Other ☐
8				Purchase ☐	Lease ☐	Donation ☐	Other ☐
9				Purchase ☐	Lease ☐	Donation ☐	Other ☐
10				Purchase ☐	Lease ☐	Donation ☐	Other ☐
11				Purchase ☐	Lease ☐	Donation ☐	Other ☐

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER $1,000,000

Section 127285 (4) of the Health and Safety Code requires each hospital to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)	
25	Did your hospital commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	Yes ☐	No ☐

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			

ALIRTS-H (07-29-05)